

**City of Seal Beach
Alarm System Permit Application**

Residence or Business Name: _____
Location: _____
Telephone Number: _____ Business Licenses (if applicable): _____
Mailing Address (if different): _____

EMERGENCY INFORMATION (Persons who may secure premises on a 24-hour basis)

Include: Names, Addresses, and Telephone Numbers:

1. _____
2. _____
3. _____
4. _____
5. _____

ALARM AND ALARM COMPANY INFORMATION:

Servicing Company: _____
Address: _____
Telephone Number: _____ Type of Alarm: _____
Manufacturer: _____ Make: _____ Model: _____
Firm Who Installed Alarm: _____
Area Covered by Alarm: _____
Alarm Company: _____

**Fee: \$26.00 Residence Alarm - \$36.00 Business Alarm
Activation reported via Alarm Company or Audible**

**PLEASE MAKE CHECKS PAYABLE TO THE "CITY OF SEAL BEACH"
REMIT FEE WITH APPLICATION AND MAIL TO:
P.O. Box 11370, Santa Ana, CA 92711-1370**

If you have any questions, please contact the Processing Service Center at 1-888-300-9915
Monday – Friday between the hours of 8:00AM to 5:00PM.

FOR OFFICE USE ONLY

Reviewed by: _____ Permit #: _____ Date: _____